

# APPLICATION FOR HOME OCCUPANCY PERMIT



PLANNING DEPARTMENT  
100 S Market St. Troy, OH 45373  
Phone (937)339-9481, Fax (937)339-9341

[www.troyohio.gov](http://www.troyohio.gov)

Rev 12/3/07

1 LOCATION OF HOME OCCUPATION	Project Address		Zoning District	Lot No(s)
	Name of Business		Type of Use (Office, agency, mail order, etc.)	
2 REQD INFO	Names (Please <u>Print</u> )	Mailing Addresses – Street, City, Zip Code		Phone (Day time)
OCCUPANT				
APPLICANT				
PROPERTY OWNER				

## REQUIRED INFORMATION ON PROPOSED HOME OCCUPATION

3	Total floor area (Square foot) Of the residence	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor
4	Total floor area occupied by the business	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor
5	List all exterior changes made to the residence to accommodate the business Outdoor sign _____ Additional Parking _____ Additional Storage _____				
6	Maximum number of customers served on site by the business At one time _____ In one day _____		7 Hours of operation From _____ To _____		

8. Maximum number of on premises employees			<b>OFFICE USE ONLY</b>	
9. List all equipment needed to operate the business			PERMIT FEES	DUE
10. List all materials/chemicals stored for use of the business			HOME OCCUPATION FEE	\$
11 <b>SIGN YOUR FULL NAME</b>			TOTAL AMOUNT DUE	
By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City.  Signature of applicant _____  Address and Zip Code: _____ Date: _____			TOTAL AMOUNT PAID	
			Date:	Receipt No.
12 <b>OFFICE USE ONLY</b>				
ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A AE X		

APPROVAL CONTINGENT UPON THE FOLLOWING:	
PERMIT ISSUED BY:	NOTES:
• REFER TO PERMIT NO:	• DATE: